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Application Number Filing Date **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND **AMENDMENT AMENDMENT** Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend 101 302 352 863 304 **\$**53 354 \$55 **70**6 **3** 56 **5**57 **308 \$**58 \$ 59 **\$**10 60 311 61 **5**12 · 62 513 63 314 64 **9**15 **9**16 65 66 517 67 **\$18** 68 5 19 69 \$20 70 **5**21 71 322 72 **\$** 23 73 324 74 **§** 25 75 **¶**26 76 527 77 328 78 **3**29 79 **\$**30 80 **\$**31 81 **3**32 82 333 83 **3**34 84 535 85 **\$**36 86 **5**37 87 **3** 38 88 339 89 340 90 341 91 342 92 343 93 944 94 345 95 346 96 3 47 97 3 48 98 349 99 350 100 Total Total Indep Indep Total Total Depend Depend Total Total Claims Claims

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